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## Sexual and reproductive healthcare for migrant women: A mapping of civil society actors in Mexico

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# SEXUAL AND REPRODUCTIVE HEALTHCARE FOR MIGRANT WOMEN: A MAPPING OF CIVIL SOCIETY ACTORS IN MEXICO

The Population Council's Mexico Office presents the report on *Sexual and Reproductive Healthcare for Migrant Women: A Mapping of Civil Society Actors in Mexico*.

**Mexico** is a country of transit and destination of migrant populations, coming mainly from Central America but also from the Caribbean and, increasingly, from Africa and Asia. Mexico is also a country where organized crime profits from human trafficking, and violence and impunity have not been reduced but increased in recent decades. Therefore, being **an undocumented migrant woman** transiting through this country carries risks and generates specific needs of Sexual and Reproductive Health (SRH), including menstrual health, contraception (regular and emergency), termination of pregnancy, maternal health (prenatal care, childbirth and puerperium), as well as attention to the physical and mental health of those who live or experienced sexual violence -among others.

Despite the fact that the country has a legal framework that allows access to health services, and that it is these who must guarantee care, the reality is that civil society organizations (CSOs) are main actors in the provision of healthcare (and/or facilitation to access) for migrants.

Therefore, **The Population Council Mexico conducted a mapping of CSOs that provide SSR services to migrant women in Chiapas, Tabasco, Veracruz, Oaxaca, Mexico City, Chihuahua, and Baja California.** This report answers the following questions:

- What kind of CSOs provide SSR services, and what kind of services are they providing to migrant women transiting through key states of the migration routes?
- What are the main barriers in access to public SSR services for migrantwomen, from the point of view of these organizations?

The data collection was done during the onset of the **COVID-19** pandemic (March-August 2020), so the report also provides a glance to the impact of this pandemic among migrant populations.

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## Results

- A total of 256 organizations were identified in the seven states selected for the study. We were able to interview 109 organizations (41.1%).
- The states with the largest number of organizations are located in border states: Chiapas and Baja California.

### *Reproductive health services offered by CSOs:*

- Of the 109 organizations interviewed:
  - o 97.2% offer referral services to other health institutions to solve the needs in SSR
  - o 86.2% offer referral and accompaniment services during care for women survivors of sexual violence
  - o 23.8% have the capacity and resources to offer emergency contraception to women
  - o 19.2% offer information on legal termination of pregnancy
  - o 19% have the capacity and resources to offer psychological care to women
  - o 24% have basic health personnel in their facilities

Barriers were identified at the regulatory, institutional (service delivery), organizational (of civil society organizations), and individual (conditions of migrant women) levels.

In addition to the report, the mapping generated a directory of OSCs that provide SRH services to migrant women (not public).

**Despite its limitations, the study provides evidence that contributes to expanding a research agenda at the intersections of gender, SSR, and migration, which is increasingly needed in Mexico and worldwide.**

